

STATE OF NEVADA
Department of Business & Industry---DIVISION OF INSURANCE
Business Entity Resident and Nonresident Insurance License Application
Mailing Address: 788 Fairview Dr #300, Carson City, NV 89701-5491
(Please Print or Type)

Division Use Only: Fees: _____ Check #: _____ Application ID#: _____ ORG ID # _____ Approved by: _____ Date: _____ License No: _____

① Business Entity Name		② Incorporation/Formation Date (month) ____ (day) ____ (year)		③ FEIN -	
④ DBA (Provide Nevada County Clerk Filing if required by county)		⑤ State of Domicile		⑥ Country of Domicile	
⑦ If applicable, NASD Firm Central Registration Depository (CRD) Number		⑧ Is the business entity affiliated with a financial institution/bank? Yes <input type="checkbox"/> No <input type="checkbox"/>			
⑨ Business Address		⑩ City		⑪ State	
⑫ Zip or Foreign Country		⑬ Phone Number () -		⑭ Fax Number () -	
⑮ Business Web Site Address		⑯ Business E-Mail Address			
⑰ Mailing Address		⑱ P.O. Box		⑲ City	
⑳ State		㉑ Zip or Foreign Country			

Designated/Responsible Licensed Producer

㉒ Identify at least one Designated/Responsible Licensed Producer:	
Name _____	SSN _____ - -
Name _____	SSN _____ - -
Name _____	SSN _____ - -
Name _____	SSN _____ - -

Owners, Partners, Officers and Directors

㉓ Identify all owners, partners, officers and directors of the business entity:				
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-
Name _____	Title _____	SSN _____	-	-

Are you now or have you ever been licensed in Nevada? _____ Yes _____ No

Background Information

25 Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes ___ No ___

"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses. "Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes ___ No ___

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? Yes ___ No ___

If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment.

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes ___ No ___

If you answer yes, identify the jurisdiction(s): _____

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes ___ No ___

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

Background Information

26 The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

- 1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
- 2. Nonresidents Only: The business entity hereby designates the Commissioner, of Insurance to be its agent for service of process regarding all insurance matters in the State of Nevada and agrees that service upon the Commissioner of Insurance is of the same legal force and validity as personal service upon the business entity.
- 3. The business entity grants permission to the Commissioner of Insurance in the State of Nevada to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
- 4. I authorize the State of Nevada to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the State of Nevada and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
- 5. I acknowledge that I am familiar with the insurance laws and regulations of the State of Nevada to which I am applying for licensure.
- 6. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

Date: _____ Signature: _____

Must be signed by an officer, director, principal or partner of the business entity:

Printed Name: _____

Title: _____

**STATE OF NEVADA
DEPARTMENT OF BUSINESS AND INDUSTRY
DIVISION OF INSURANCE**

Nevada has adopted the NAIC Producer Licensing Model Act and will issue a Producer License (no more agent, broker or solicitor license)

Check the license type(s) and line(s) of authority for which you are applying.

- ☐ **PRODUCER** ☐ **SURPLUS LINES BROKER**
☐ **Currently licensed in Nevada.**
☐ **Adding qualifications or entity affiliation to an existing license.**

<input type="checkbox"/> Individual	<input type="checkbox"/> Corporation	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole-Proprietorship	<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Limited Liability Partnership
--	---	---	---	---	---

Major Lines of Authority/Qualifications:

Qualification(s)

<input type="checkbox"/> Life	<input type="checkbox"/> Health	<input type="checkbox"/> Variable Annuities/ Life	<input type="checkbox"/> Property	<input type="checkbox"/> Casualty	<input type="checkbox"/> Surety	<input type="checkbox"/> Personal Lines
--------------------------------------	--	--	--	--	--	--

Limited Lines:

<input type="checkbox"/> CREDIT	<input type="checkbox"/> FIXED ANNUITIES	<input type="checkbox"/> TRAVEL/BAGGAGE	<input type="checkbox"/> RENTAL CAR AGENCY
--	---	--	---

Other License Types:

Please note that some license types may have special requirements and / or restrictions. You may access the checklist for your specific license type on our web site at <http://www.doi.state.nv.us>.

<input type="checkbox"/> Insurance Consultant	<input type="checkbox"/> Funeral Agent	<input type="checkbox"/> Cemetery Merchandise Agent	<input type="checkbox"/> Funeral Seller	<input type="checkbox"/> Cemetery Merchandise Seller
<input type="checkbox"/> Motor Club Agent	<input type="checkbox"/> Fraternal Agent	<input type="checkbox"/> Viatical Settlement Broker	Viatical Broker use Individual Application. Viatical Provider use Entity Application.	<input type="checkbox"/> Viatical Settlement Provider

<input type="checkbox"/> Independent Adjuster	<input type="checkbox"/> Public Adjuster	<input type="checkbox"/> Associate Adjuster	<input type="checkbox"/> Motor Vehicle Physical Damage Appraiser	
--	---	--	---	--

<input type="checkbox"/> Title Agent	<input type="checkbox"/> Escrow Officer	<input type="checkbox"/> Reinsurance Intermediary Manager	<input type="checkbox"/> Reinsurance Intermediary Broker	
---	--	--	---	--

<input type="checkbox"/> Bail Agent	<input type="checkbox"/> Bail Solicitor	<input type="checkbox"/> General Agent for Bail	<input type="checkbox"/> Bail Enforcement Agent	
--	--	--	--	--

<input type="checkbox"/> Third Party Administrator for life, health and workers' compensation	<input type="checkbox"/> Utilization Review Agent	<input type="checkbox"/> Managing General Agent
	<input type="checkbox"/> External Review Org- Health	<input type="checkbox"/> External Review Org- Workers' Compensation
<input type="checkbox"/> Nonresident's only: If you do not find your license type listed above you must provide the license type and qualifications you hold in your home state.		